



2/22/10

TOWN OF ACTON

472 Main Street

Acton, Massachusetts, 01720

Telephone (978) 264-9612

Fax (978) 264-9630

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Town Manager's Office

January 21, 2010

RE: REQUEST FOR NEW MANAGER

Acton Indoor Sports Management, Inc.
Catherine Milhomme
30 Great Road
Acton, MA 01720

Dear Ms. Milhomme:

I have scheduled you to meet the Board of Selectmen regarding your request to replace the current Manager, Jen Ryder of the Acton Indoor Sports Management with yourself, Katherine Milhomme. This has been scheduled for February 22, 2010 at 8:05 P.M. in the Faulkner Hearing Room (204) at the Acton Town Hall.

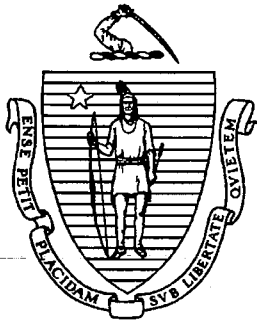
Please deliver to my office no later than February 18th the Alcoholic Beverage Serving Policy the restaurant current uses so that I can include it in the Board's materials for the 22nd.

Please call my office at 978-264-9612 to confirm your availability for this meeting.

Very truly yours,

Christine M. Joyce
Town Manager's Office

Does not require
the Chair to read a
Notice.



The Commonwealth of Massachusetts
ALCOHOLIC BEVERAGES CONTROL COMMISSION

FORM A
LICENSEE PERSONAL INFORMATION SHEET

THIS FORM MUST BE COMPLETED FOR EACH:

- ☐ A. NEW LICENSE APPLICANT
- ☒ B. APPOINTMENT OR CHANGE OF MANAGER
IN A CORPORATION
- ☐ C. TRANSFER OF LICENSE (RETAIL ONLY-SEC. 12 & SEC. 15)

(Please check which transaction is the subject of an application accompanying this Form A.)

PLEASE TYPE OR PRINT ALL INFORMATION

ALL QUESTIONS MUST BE ANSWERED AND TELEPHONE NUMBERS PROVIDED OR
APPLICATION WILL NOT BE ACCEPTED.

1. LICENSEE NAME Catherine Milhomme
(NAME AS IT WILL APPEAR ON THE LICENSE)
2. NAME OF (PROPOSED) MANAGER Catherine Milhomme
3. SOCIAL SECURITY NUMBER 030 [REDACTED]
4. HOME (STREET) ADDRESS 117 Central St. B5 Acton, Ma.
5. AREA CODE AND TELEPHONE NUMBER (S): (Give both, your home telephone and a number at which you can be reached during the day).
DAY TIME # 978-287-5533 HOME# 978-263-6952
6. PLACE OF BIRTH: Norwood, Ma. 7. DATE OF BIRTH: 4/21/54
8. REGISTERED VOTER: ☒ YES ☐ NO 8A. WHERE?: Acton
9. ARE YOU A U. S. CITIZEN: ☒ YES ☐ NO
10. COURT AND DATE OF NATURALIZATION (IF APPLICABLE): _____
(Submit proof of citizenship and/or naturalization such as Voter=s Certificate, Birth Certificate or Naturalization Papers)

11. FATHER'S NAME: Alson Earl Furtaw 12. MOTHER'S MAIDEN NAME: Joan Lowery

13. IDENTIFY YOUR CRIMINAL RECORD, (Massachusetts, Military, any other State or Federal): ANY OTHER ARREST OR APPEARANCE IN CRIMINAL COURT CHARGED WITH A CRIMINAL OFFENSE REGARDLESS OF FINAL DISPOSITION:

☐ YES ☒ NO (MUST CHECK EITHER YES OR NO)

IF YES, PLEASE DESCRIBE OFFENSE (S) SPECIFIC CHARGE AND DISPOSITION (FINE, PENALTY, ETC.)

14. PRIOR EXPERIENCE IN THE LIQUOR INDUSTRY: ☐ YES ☒ NO
IF YES, PLEASE DESCRIBE:

15. FINANCIAL INTEREST, DIRECT OR INDIRECT, IN THIS OR ANY OTHER LIQUOR LICENSE, PERMIT OR CERTIFICATE: ☐ YES ☒ NO

IF YES, PLEASE DESCRIBE:

16. EMPLOYMENT FOR THE LAST TEN YEARS (Dates, Position, Employer, Address and if known, Telephone Numbers):

Teamworks Acton 978-287-5533
October 1997 - present
Youth League Director General Manager

17. HOURS PER WEEK TO BE SPENT ON THE LICENSED PREMISES: 40 hours per week.

18. I HEREBY SWEAR THAT UNDER THE PAINS AND PENALTIES OF PERJURY THAT THE INFORMATION I HAVE GIVEN IN THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

BY: Catherine L. Milhomme
PROPOSED MANAGER SIGNATURE

1/8/2010
DATE

PETITION FOR CHANGE OF LOCATION OR MANAGER

THE COMMONWEALTH OF MASSACHUSETTS

1/19 2010

To the

Licensing Board for the

The undersigned respectfully petition for

Change of Manager from Jen Ryder
to Catherine Milhomme

Catherine Milhomme

CORPORATE VOTE/
MINUTES OF SPECIAL MEETING

I, Thomas McLaughlin, do hereby certify that:

1. I am the Secretary of Indoor Sports Management, Inc., a Massachusetts corporation which, at a Special meeting of its Shareholders duly called and held at Acton, Massachusetts on the 18th day of January, 2010, the holders of all the stock issued and outstanding being present and voting, the following resolution was unanimously adopted:

VOTED: That Catherine Milhomme be appointed Manager of the lounge at 30 Great Road, Acton, Massachusetts;

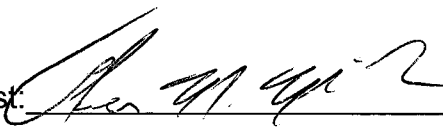
VOTED: That the acts of the Corporation through and including the date hereof are hereby ratified, approved, and confirmed in all respects;

I DO FURTHER CERTIFY that the above vote has not been altered, amended, rescinded or repealed.

I DO FURTHER CERTIFY that the Corporation is a duly authorized corporation; that Thomas McLaughlin is the duly elected and qualified President, Treasurer and Secretary of the Corporation.

Dated at Acton, Massachusetts this 18th day of January, 2010.

Attest:



Secretary

Christine Joyce

From: Frank Widmayer
Sent: Friday, February 05, 2010 3:42 PM
To: Christine Joyce
Subject: Acton Indoor Sports

I have reviewed the application submitted on behalf of Acton Indoor Sports Management, Inc. requesting a change in manager to Catherine Milhomme.

I recommend that the Board of Selectmen approve this change.

Frank J. Widmayer III
Chief of Police
978-263-2911

2/5/2010

INTERDEPARTMENTAL COMMUNICATION

DATE: January 21, 2010

TO: Police Dept., Board of Health

FROM: Christine Joyce

SUBJECT: Change of Manager

Enclosed please find a request from Acton Indoor Sports from Jen Ryder to Catherine Milhomme as Manager of Record.

Please send any comments you may have regarding this new Manager.

Policies and Procedures

Customer Service/Employee Responsibilities

All employees are required to adhere to the following policies. Failure to do so will result in immediate dismissal. Errors in following policy, which lead to accident, injury, or material damage could result in loss of liquor license, and/or prosecution of the employee and management.

1. Any party who appears to be under the age of 30 must present valid ID. A Massachusetts driver's license, liquor ID, passport, or active military ID are the ONLY acceptable forms of identification.

Ask customer to remove ID from wallet.

Determine validity by:

- a. Checking birth date
- b. Checking expiration date
- c. Compare photo with customer
- d. Examine lamination (torn, frayed, or damaged?)
- e. Look at composition of ID (does it conform to ID book?)
- f. Compare signature with ID signature
- g. Hold flashlight to back of ID to illuminate cuts or abrasions

Communicate with customer by asking questions such as:

- a. Street address
- b. Year he/she graduated from high school
- c. Astrological sign
- d. Social Security number

If you have any reservations, request second form of ID.

If you still have doubts, DON'T SERVE!

2. If an underage person accompanies the customer, other than a family member, assume the purchase is being made for the underage party, and decline the sale. Do not allow any underage persons to handle alcohol while on the premises and do not allow underage persons to sit at the bar. Underage persons may sit in the lounge if they are accompanied by an adult family member. Monitor underage persons in the lounge to insure that they are not being served by others.

3. Do not allow any customer to bring containers of alcoholic beverages into the lounge. Should this happen, confiscate the beverage and dispose of in the sink.

4. Monitor the consumption of beverages by persons on the premises and do not sell alcohol to an intoxicated person. Behavioral cues to identify intoxication are:

Loss of inhibitions, such as being overly talkative, overly relaxed or overly friendly, loud behavior, mood swings.

Exhibiting poor judgment, behaving inappropriately, using foul language, and telling off-color jokes.

Glassy, unfocused eyes, moving very slowly, forgetting things, losing train of thought, slurred speech.

Stumbling, swaying, dropping belongings, or having trouble handling items.

5. Document any outstanding incidents immediately and thoroughly. Documentation should include date and time, how you handle the situation, and the actions of the customer.

Policies and Procedures
Customer relations/Employee Responsibilities

Employee name	Please print	Date
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I have received instruction from store management and understand the policies and procedures of customer service/employee responsibilities. I have also received a copy of these policies and procedures for my own records.

Employee signature	Date
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Manager signature	Date
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